

United States Bankruptcy Court
NORTHERN DISTRICT OF ILLINOIS

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle): Slaughter, Gavin	Name of Joint Debtor (Spouse)(Last, First, Middle): Slaughter, Sherri
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): NONE	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): fka Sherri Rencher
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 2303	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 5436
Street Address of Debtor (No. & Street, City, and State): 2117 Prentiss Dr. Apt. #112 Downers Grove IL	Street Address of Joint Debtor (No. & Street, City, and State): 2117 Prentiss Dr. Apt #112 Downers Grove IL
County of Residence or of the Principal Place of Business: Dupage	County of Residence or of the Principal Place of Business: Dupage
Mailing Address of Debtor (if different from street address): SAME	Mailing Address of Joint Debtor (if different from street address): SAME
Location of Principal Assets of Business Debtor (if different from street address above): NOT APPLICABLE	

Type of Debtor (Form of organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (if debtor is not one of the above entities, check this box and state type of entity below <hr/>	Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding Nature of Debts (Check one box) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose" <input type="checkbox"/> Debts are primarily business debts. Chapter 11 Debtors: Check one box: <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000. Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		

Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors. Estimated Number of Creditors <input type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input checked="" type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000 Estimated Assets <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion	THIS SPACE IS FOR COURT USE ONLY
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Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): Gavin Slaughter and Sherri Slaughter	
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)			
Location Where Filed:	Case Number:	Date Filed:	
NONE			
Location Where Filed:	Case Number:	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor:	Case Number:	Date Filed:	
NONE			
District:	Relationship:	Judge:	
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under Chapter 11) <input type="checkbox"/> Exhibit A is attached and made a part of this petition	Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. §342(b). X <u>/s/ Richard S. Bass</u> 09/27/2009 <small>Signature of Attorney for Debtor(s) Date</small>		
Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made part of this petition. If this is a joint petition: <input checked="" type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
Information Regarding the Debtor - Venue (Check any applicable box)			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.			
<input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.			
<input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.)			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)			
_____ (Name of landlord that obtained judgment)			
_____ (Address of landlord)			
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and			
<input type="checkbox"/> Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.			
<input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):
**Gavin Slaughter and
Sherri Slaughter****Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b)

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Gavin Slaughter

Signature of Debtor

X /s/ Sherri Slaughter

Signature of Joint Debtor

Telephone Number (if not represented by attorney)

09/27/2009

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.**X**

(Signature of Foreign Representative)

(Printed name of Foreign Representative)

09/27/2009

(Date)

Signature of Attorney***X /s/ Richard S. Bass**

Signature of Attorney for Debtor(s)

Richard S. Bass 6189009

Printed Name of Attorney for Debtor(s)

Law Office of Richard S. Bass, LTD.

Firm Name

2021 Midwest Road

Address

Oak Brook IL 60521**630-953-8655**

Telephone Number

09/27/2009

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.***Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

09/27/2009

Date

UNITED STATES BANKRUPTCY COURT

**NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b)
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a “means test” designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

Certificate of [Non-Attorney] Bankruptcy Petition Preparer

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

Printed name and title, if any, of Bankruptcy Petition Preparer
Address:

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

X _____
Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Certificate of the Debtor

I (We), the debtor(s), affirm that I (we) have received and read this notice.

Printed Name(s) of Debtor(s)

X _____
Signature of Debtor Date

Case No. (if known) _____

X _____
Signature of Joint Debtor (if any) Date

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re *Gavin Slaughter*
and
Sherri Slaughter

Case No.
Chapter 7

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

WARNING: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now.
[Summarize exigent circumstances here.]

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

- ☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement]*
[Must be accompanied by a motion for determination by the court.]
- ☐ Incapacity. (Defined in 11 U.S.C. § 109 (h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109 (h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.
- ☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Gavin Slaughter

Date: 09/27/2009

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re *Gavin Slaughter*
and
Sherri Slaughter

Case No.
Chapter 7

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

WARNING: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now.
[Summarize exigent circumstances here.]

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

- ☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement]*
[Must be accompanied by a motion for determination by the court.]
- ☐ Incapacity. (Defined in 11 U.S.C. § 109 (h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109 (h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.
- ☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Sherri Slaughter

Date: 09/27/2009

(Report also on Summary of Schedules.)

In re Gavin Slaughter and Sherri Slaughter,

Debtor(s)

Case No. _____

(if known)

SCHEDULE B-PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "X" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G-Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Type of Property	None	Description and Location of Property	Husband--H Wife--W Joint--J Community--C	Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption
1. Cash on hand.		<i>Cash</i> <i>Location: In debtor's possession</i>	J	\$ 200.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		<i>Checking:</i> <i>Location: In debtor's possession</i>	J	\$ 400.00
		<i>Savings:</i> <i>Location: In debtor's possession</i>	J	\$ 500.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		<i>Misc used household goods, furniture & furnishings</i> <i>Location: In debtor's possession</i>	J	\$ 2,000.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		<i>Misc used personal items, books and pictures</i> <i>Location: In debtor's possession</i>	J	\$ 300.00
6. Wearing apparel.		<i>Misc used personal clothing</i> <i>Location: In debtor's possession</i>	J	\$ 600.00
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		<i>Life Insurance (Term Policy)</i> <i>Location: In debtor's possession</i>	W	\$ 1.00

In re Gavin Slaughter and Sherri Slaughter,

Debtor(s)

Case No. _____

(if known)

SCHEDULE B-PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N o n e	Description and Location of Property	Husband--H Wife--W Joint--J Community--C	Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption
10. Annuities. Itemize and name each issuer.	X			
11. Interest in an education IRA as defined in 26 U.S.C. 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		401K Pension-Retirement Plan (Employer plan) Location: In debtor's possession	W	\$ 5,000.00
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts Receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule of Real Property.	X			
20. Contingent and non-contingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as described in 11 U.S.C. 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			

In re Gavin Slaughter and Sherri Slaughter,

Debtor(s)

Case No. _____

(if known)

SCHEDULE B-PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N o n e	Description and Location of Property	Husband--H Wife--W Joint--J Community--C	Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption
25. Automobiles, trucks, trailers and other vehicles and accessories.		<i>2003 Chevrolet Malibu</i> <i>Location: In debtor's possession</i>	J	\$ 4,000.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.		<i>Garnished Funds Held By Employer</i> <i>Location: In debtor's employer possession</i>	W	\$ 1,000.00
		Total ➡		\$ 14,001.00

In re Gavin Slaughter and Sherri Slaughter, Case No. _____
 Debtor(s) (if known)

SCHEDULE C-PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under: ☐ Check if debtor claims a homestead exemption that exceeds \$136,875.

(Check one box)

☐ 11 U.S.C. § 522(b) (2)

☒ 11 U.S.C. § 522(b) (3)

Description of Property	Specify Law Providing each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemptions
Cash	735 ILCS 5/12-1001(b)	\$ 200.00	\$ 200.00
Checking:	735 ILCS 5/12-1001(b)	\$ 400.00	\$ 400.00
Savings:	735 ILCS 5/12-1001(b)	\$ 500.00	\$ 500.00
Misc used household goods, furniture & furnishings	735 ILCS 5/12-1001(b)	\$ 2,000.00	\$ 2,000.00
Misc used personal items, books and pictures	735 ILCS 5/12-1001(a)	\$ 300.00	\$ 300.00
Misc used personal clothing	735 ILCS 5/12-1001(a)	\$ 600.00	\$ 600.00
Life Insurance (Term Policy)	735 ILCS 5/12-1001(f)	\$ 1.00	\$ 1.00
401K Pension-Retirement Plan (Employer Plan)	735 ILCS 5/12-1006	\$ 5,000.00	\$ 5,000.00
2003 Chevrolet Malibu	735 ILCS 5/12-1001(c) 735 ILCS 5/12-1001(b)	\$ 0.00 \$ 1,800.00	\$ 4,000.00
Garnished Funds Held By Employer	735 ILCS 5/12-1001(b)	\$ 1,000.00	\$ 1,000.00

Case No. _____
(if known)

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Creditor's Name and Mailing Address Including ZIP Code and Account Number (See Instructions Above.)	Co-Debtor	Date Claim was Incurred, Nature of Lien, and Description and Market Value of Property Subject to Lien	Contingent	Unliquidated	Disputed	Amount of Claim Without Deducting Value of Collateral	Unsecured Portion, If Any
		H--Husband W--Wife J--Joint C--Community					
Account No: 9986	J	2009				\$ 2,200.00	\$ 0.00
Creditor # : 1 GMAC Attn: Bankruptcy Dept PO BOX 9001952 Louisville KY 40290-1952		Purchase Money Security 2003 Chevrolet Malibu					
		Value: \$ 4,000.00					
Account No:							
		Value:					
Account No:							
		Value:					

Subtotal \$ (Total of this page)	\$ 2,200.00	\$ 0.00
Total \$ (Use only on last page)	\$ 2,200.00	\$ 0.00

(Report also on Summary of Schedules.)	(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data)
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In re Gavin Slaughter and Sherri Slaughter,
Debtor(s)

Case No. _____
(if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts NOT entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☒ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

*Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re Gavin Slaughter and Sherri Slaughter, Case No. _____
 Debtor(s) (if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Type of Priority for Claims Listed on This Sheet: **Domestic Support Obligations**

Creditor's Name, Mailing Address Including ZIP Code, and Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred and Consideration for Claim	Contingent	Unliquidated	Disputed	Amount of Claim	Amount Entitled to Priority	Amount not Entitled to Priority, if any
		H--Husband W--Wife J--Joint C--Community						
Account No: Creditor # : 1 Ill Dept Healthcare-Family Svc Attn: Bankruptcy Dept 509 S 6th St Springfield IL 62701	H	2000-2009 Notice to agency Case 00D2263 DuPage County (Recipient: Maria Adams)				\$ 0.00	\$ 0.00	\$ 0.00
Account No: Creditor # : 2 Illinois Dept Child Support Attn: Collection-Bankrupt Dept 509 S. Sixth St Springfield IL 62701-1825	H	2000 Child support Case N: 00D2263 DuPage County (Recipient: Maria Adams)				\$ 14,000.00	\$ 14,000.00	\$ 0.00
Account No:								
Account No:								
Account No:								
Account No:								
Subtotal \$ (Total of this page)						14,000.00	14,000.00	0.00
Total \$ (Use only on last page of the completed Schedule E. Report total also on Summary of Schedules)						14,000.00		
Total \$ (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)							14,000.00	0.00

Sheet No. 1 of 1 continuation sheets attached
 to Schedule of Creditors Holding Priority Claims

B6F (Official Form 6F) (12/07)

In re Gavin Slaughter and Sherri Slaughter,
Debtor(s)

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedules. Report this total also on the Summary of Schedules, and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 1623 Creditor # : 1 Advanced Renal Care LTD Attn: Patient Accts PO BOX 967 Tinley Park IL 60477-0967	J	2003-2009 Medical Bills				\$ 24.00
Account No: 7879 Creditor # : 2 Adventist Bolingbrook Hospital Attn: Patient Accts PO BOX 9287 Oak Brook IL 60522-9287	J	2003-2009 Medical Bills				\$ 150.00
Account No: 2426 Creditor # : 3 Adventist Bolingbrook Hospital Attn: Patient Accts PO BOX 7000 Bolingbrook IL 60440-7000	J	2003-2009 Medical Bills				\$ 21.00
Account No: 1881 Creditor # : 4 Adventist Bolingbrook Hospital Attn: Patient Accts PO BOX 9287 Oak Brook IL 60522-9287	J	2003-2009 Medical Bills				\$ 561.00
<div>16 continuation sheets attached</div> <div>Subtotal \$</div> <div>Total \$</div>						\$ 756.00

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Gavin Slaughter and Sherri Slaughter,
Debtor(s)

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.		Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 0654 Creditor # : 5 Adventist Hinsdale Hospital Attn: Patient Accts PO BOX 9247 Oak Brook IL 60522-9247	J	2003-2009 Medical Bills					\$ 200.00
Account No: 6787 Creditor # : 6 Advocate Good Samaritan Hosp Attn: Patient Accounts 3815 Highland Ave Downers Grove IL 60515	J	2003-2009 Medical Bills					\$ 405.00
Account No: 3402 Creditor # : 7 AFNI, Inc. RE: Verizon North PO BOX 3427 Bloomington IL 61702-3427	J	2003-2009 Collection					\$ 368.00
Account No: 8834 Creditor # : 8 All Credit Lenders Attn: Bankruptcy Dept 1924 Plainfield Rd Crest Hill IL 60435	J	2003-2009 Loan					\$ 2,922.00
Account No: 8806 Creditor # : 9 Allied Interstate RE: Black Expressions PO Box 361445 Columbus OH 43236-0000	J	2003-2009 Collection					\$ 115.00
Account No: 1908 Creditor # : 10 American Collections RE: TCF National Bank of IL 919 W. Estes Ave Schaumburg IL 60193	J	2003-2009 Collection					\$ 190.00

Sheet No. 1 of 16 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ \$ 4,200.00

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Gavin Slaughter and Sherri Slaughter,

Case No. _____
(if known)

Debtor(s)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.		Contingent	Unliquidated	Disputed	Amount of Claim
		H--Husband W--Wife J--Joint C--Community					
Account No: 8859 Creditor # : 11 Beneficial Customer Service Attn: Bankruptcy Dept PO BOX 1547 Chesapeake VA 23320-8917	J	2003-2009 Notice to Other Location					\$ 0.00
Account No: 8591 Creditor # : 12 Beneficial Customer Service Attn: Bankruptcy Dept PO BOX 3425 Buffalo NY 14240-9733	J	2003-2009 Loan					\$ 678.00
Account No: 0648 Creditor # : 13 Capital One Attn: Bankruptcy Dept P.O. BOX 5155 Norcross GA 30091	J	2003-2009 Credit Card Purchases					\$ 484.00
Account No: 1143 Creditor # : 14 CBE Group Inc. RE: ComEd 131 Tower Park Dr, #100 Waterloo IA 50701	J	2003-2009 Notice to Collector					\$ 0.00
Account No: 5521 Creditor # : 15 Chase Bank Attn: Bankruptcy Dept 340 S. Cleveland Ave Bldg 370 Westerville OH 43081	J	2003-2009 Overdraft Account					\$ 205.00
Account No: 6854 Creditor # : 16 CitiBank NA Student Loan Attn: Bankruptcy Dept PO BOX 22876 Rochester NY 14692	W	2003-2009 Notice to Other Location					\$ 0.00

Sheet No. 2 of 16 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ \$ 1,367.00

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Gavin Slaughter and Sherri Slaughter,

Case No. _____

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.		Contingent	Unliquidated	Disputed	Amount of Claim
		H--Husband W--Wife J--Joint C--Community					
Account No: 3620 Creditor # : 17 CitiBank NA Student Loan Attn: Bankruptcy Dept 701 E. 60th St. N Sioux Falls SD 57104	W	2003-2009 Student Loan					\$ 22,713.00
Account No: Creditor # : 18 CMK Investments RE: All Credit Lenders PO BOX 250 Gilberts IL 60136-0250		2003-2009 Loan					\$ 416.00
Account No: 9100 Creditor # : 19 Collection Professionals Inc RE: Prof Center Dental 723 First Street La Salle IL 61301-2535	J	2003-2009 Collection on Dental Bills					\$ 104.00
Account No: 8049 Creditor # : 20 Commonwealth Edison Attn: Bankruptcy Dept 2100 Swift Drive Oak Brook IL 60523-9644		2003-2009 Utility Bills					\$ 148.00
Account No: 9053 Creditor # : 21 Commonwealth Edison Attn: Bankruptcy Dept 2100 Swift Drive Oak Brook IL 60523-9644	J	2003-2009 Utility Bills					\$ 753.00
Account No: 1143 Creditor # : 22 Commonwealth Edison Attn: Bankruptcy Dept 2100 Swift Drive Oak Brook IL 60523-9644		2003-2009 Utility Bills					\$ 34.00

Sheet No. 3 of 16 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ \$ 24,168.00

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Gavin Slaughter and Sherri Slaughter,
Debtor(s)

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.		Contingent	Unliquidated	Disputed	Amount of Claim
		H--Husband W--Wife J--Joint C--Community					
Account No: 3642 Creditor # : 23 Corporate Receivables Inc. RE: HSBC Bank PO BOX 32995 Phoenix AZ 85064-2995	J	2003-2009 Collection					\$ 955.00
Account No: 4279 Creditor # : 24 Credit Management RE: Comcast 4200 International Pkwy Carrollton TX 75007	J	2003-2009 Collection					\$ 425.00
Account No: 7285 Creditor # : 25 Credit Management RE: Comcast 4200 International Pkwy Carrollton TX 75007	J	2003-2009 Collection					\$ 342.00
Account No: 8245 Creditor # : 26 Credit Protection Assoc RE: COMCAST 13355 Noel Rd, Suite 2100 Dallas TX 75240	J	2003-2009 Collection					\$ 475.00
Account No: Creditor # : 27 Dependon Collection RE: Suburban Radiologists PO BOX 4833 Oak Brook IL 60522	J	2003-2009 Notice to Collector					\$ 0.00
Account No: 3550 Creditor # : 28 Digestive Health Consultants Attn: Collection PO Box 433 Lemont IL 60439	J	2009 Medical Bills					\$ 0.00

Sheet No. 4 of 16 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ \$ 2,197.00

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Gavin Slaughter and Sherri Slaughter,

Case No. _____
(if known)

Debtor(s)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 4361 Creditor # : 29 Direct Loan SVC System Attn: Bankruptcy Dept PO BOX 5609 Greenville TX 75403-5609	W	2003-2009 Notice to Other Location				\$ 0.00
Account No: 1452 Creditor # : 30 Discover Card Attn: Bankruptcy Dept PO BOX 30943 Salt Lake City UT 84130	J	2003-2009 Credit Card Purchases				\$ 30.00
Account No: 5541 Creditor # : 31 Downers Grove Fire Dept Attn: Bankruptcy Dept PO BOX 457 Wheeling IL 60090	J	2003-2009 Medical Bills				\$ 101.00
Account No: 4971 Creditor # : 32 DuPage Neonatology Assc Attn: Collection PO Box 487 Hinsdale IL 60522-0487	J	2009 Medical Bills				\$ 155.00
Account No: 7938 Creditor # : 33 DuPage Pathology Associates, SC Attn: Patient Accts 520 E. 22nd Street Lombard IL 60148	J	2003-2009 Medical Bills				\$ 10.00
Account No: Creditor # : 34 Edward Health Ventures Attn Patient Accts 3471 Eagle Way Chicago IL 60678-0000	J	2009 Medical Bills				\$ 600.00
<div> <div>Sheet No. 5 of 16 continuation sheets attached to Schedule of</div> <div>Creditors Holding Unsecured Nonpriority Claims</div> </div>						<div>Subtotal \$</div> <div>\$ 896.00</div>
						<div>Total \$</div>

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Gavin Slaughter and Sherri Slaughter,

Case No. _____

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No:	J	2003-2009 Medical Bills Gavin Slaughter/various bills				\$ 2,557.00
Creditor # : 35 Edward Hospital Attn: Patients Accts PO Box 4207 Carol Stream IL 60197-4207						
Account No:	J	2003-2009 Medical Bills Sherri Slaughter/various bills				\$ 8,494.00
Creditor # : 36 Edward Hospital Attn: Patients Accts PO Box 4207 Carol Stream IL 60197-4207						
Account No:	J	2003-2009 Medical Bills Ghianna Slaughter/various bills				\$ 182.00
Creditor # : 37 Edward Hospital Attn: Patients Accts PO Box 4207 Carol Stream IL 60197-4207						
Account No: 5590	J	2003-2009 Medical Bills				\$ 62.00
Creditor # : 38 Emergency Healthcare Physician Attn: Patient Accts PO BOX 366 Hinsdale IL 60522						
Account No: 4309	J	2003-2009 Collection on Medical Bills				\$ 30.00
Creditor # : 39 Ffcc-Columbus, Inc. RE: Rehabilitation Ctrs PO BOX 20790 Columbus OH 43220						
Account No: 4305	J	2003-2009 Collection on Medical Bills				\$ 101.00
Creditor # : 40 Ffcc-Columbus, Inc. RE: Rehabilitation Ctrs PO BOX 20790 Columbus OH 43220						

Sheet No. 6 of 16 continuation sheets attached to Schedule of

Creditors Holding Unsecured Nonpriority Claims

Subtotal \$

\$ 11,426.00

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Gavin Slaughter and Sherri Slaughter,

Case No. _____
(if known)

Debtor(s)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.		Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 2388 Creditor # : 41 Ffcc-Columbus, Inc. RE: Rehabilitation Ctrs PO BOX 20790 Columbus OH 43220	J	2003-2009 Collection on Medical Bills					\$ 100.00
Account No: 9933 Creditor # : 42 First National Bank Attn: Bankruptcy Dept 3256 Ridge Road Lansing IL 60438	J	2003-2009 Overdraft Account					\$ 244.00
Account No: 9100 Creditor # : 43 Gary A. Rodgers DDS Attn: PATient Accts 433 N. Bolingbrook Dr Bolingbrook IL 60440-1954	J	2003-2009 Dental Bills					\$ 103.00
Account No: 6950 Creditor # : 44 GE Money Bank Attn: Bankruptcy Dept PO BOX 103106 Roswell GA 30076	J	2003-2009 Credit Card Purchases					\$ 815.00
Account No: 6950 Creditor # : 45 GE Money Bank/Dillards Attn: Bankruptcy Dept PO BOX 103106 Roswell GA 30076	J	2003-2009 Credit Card Purchases					\$ 715.00
Account No: Creditor # : 46 Grabowski Law Center Attn: Bankruptcy Dept 1400 E. Lake Cook Rd #110 Buffalo Grove IL 60089	J	2009 Notice to attorney Collection for Edward Hospital 07SR2430 (DuPage County Case) Wage					\$ 0.00

Sheet No. 7 of 16 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ **\$ 1,977.00**

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Gavin Slaughter and Sherri Slaughter,
Debtor(s)

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.		Contingent	Unliquidated	Disputed	Amount of Claim
Account No:	J	2003-2009					\$ 0.00
Creditor # : 47 Harris & Harris LTD RE: Center for Surgery 600 West Jackson Blvd. #400 Chicago IL 60661		Notice to Collector					
Account No:	J	2003-2009					\$ 2,814.00
Creditor # : 48 Helzberg Diamonds Attn: Bankruptcy Dept 1248-50 W 75th Downers Grove IL 60516		Loan					
Account No: 5658	J	2003-2009					\$ 0.00
Creditor # : 49 HSBC Retail Services Attn: Bankruptcy Dept PO BOX 5253 Carol Stream IL 60197-5253		Notice					
Account No: 0172	J	2003-2009					\$ 0.00
Creditor # : 50 HSBC/Harlem Attn: Bankruptcy Dept PO BOX 15524 Wilmington DE 19850		Notice					
Account No: 3347	J	2003-2009					\$ 0.00
Creditor # : 51 Illinois Collection Service RE: Advocate Good Samaritan H PO BOX 1010 Tinley Park IL 60477-9110		Notice to Collector					
Account No: 9024	J	2003-2009					\$ 236.00
Creditor # : 52 KCA Financial RE: emergency Healthcare Phys 628 North St Geneva IL 60134		Collection on Medical Bills					

Sheet No. 8 of 16 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ \$ 3,050.00

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Gavin Slaughter and Sherri Slaughter,

Case No. _____

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.		Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 7337 Creditor # : 53 KCA Financial RE: Emergency Healthcare Phys 628 North St Geneva IL 60134	J	2003-2009 Collection on Medical Bills					\$ 349.00
Account No: 7138 Creditor # : 54 KCA Financial RE: Emergency Healthcare Phys 628 North St Geneva IL 60134	J	2003-2009 Collection on Medical Bills					\$ 236.00
Account No: 9682 Creditor # : 55 KCA Financial RE: Emergency Healthcare Phys 628 North St Geneva IL 60134	J	2003-2009 Collection on Medical Bills					\$ 236.00
Account No: Creditor # : 56 Lampheres Attn: Bankruptcy Dept 15 S. Lake Street Aurora IL 60506	J	2003-2009 Credit Account					\$ 480.00
Account No: 6394 Creditor # : 57 Lincare Inc. Attn: Patient Accts 3556 Lakeshore Rd #214 Woodridge IL 60517-3121	J	2003-2009 Medical Bills					\$ 25.00
Account No: 3945 Creditor # : 58 Malcolm S. Gerald & Assoc, Inc RE: Adventist Bolingbrook Hos 332 S. Michigan Ave #600 Chicago IL 60604	J	2003-2009 Notice to Collector					\$ 0.00

Sheet No. 9 of 16 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ \$ 1,326.00

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Gavin Slaughter and Sherri Slaughter,
Debtor(s)

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 8859 Creditor # : 59 Management Services Inc. RE: Beneficial PO BOX 1099 Langhorne PA 19047	J	2003-2009 Notice to Collector				\$ 0.00
Account No: Creditor # : 60 Maternal Fetal Medicine Attn: Patient Accts PO BOX 7003 Bolingbrook IL 60440	J					\$ 0.00
Account No: 1005 Creditor # : 61 Medical Business Bureau RE: DuPage Emergency Phys 140 Renaissance Dr Park Ridge IL 60068	J	2003-2009 Collection on Medical Bills				\$ 88.00
Account No: 6371 Creditor # : 62 Medical Business Bureau RE: DuPage Emergency Phys 140 Renaissance Dr Park Ridge IL 60068	J	2003-2009 Collection on Medical Bills				\$ 330.00
Account No: 1004 Creditor # : 63 Medical Business Bureau RE: DuPage Emergency Phys 140 Renaissance Dr Park Ridge IL 60068	J	2003-2009 Collection on Medical Bills				\$ 191.00
Account No: 1002 Creditor # : 64 Medical Business Bureau RE: DuPage Emergency Phys 140 Renaissance Dr Park Ridge IL 60068	J	2003-2009 Collection on Medical Bills				\$ 277.00
<div> <div>Sheet No. 10 of 16 continuation sheets attached to Schedule of</div> <div>Creditors Holding Unsecured Nonpriority Claims</div> </div> <div> <div>Subtotal \$</div> <div>Total \$</div> </div>						\$ 886.00

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Gavin Slaughter and Sherri Slaughter,
Debtor(s)

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.		Contingent	Unliquidated	Disputed	Amount of Claim
		H--Husband W--Wife J--Joint C--Community					
Account No: 9750 Creditor # : 65 Medicredit Corp RE: West Regional MRI 1801 California Ave Corona CA 92881	J	2003-2009 Collection on Medical Bills					\$ 147.00
Account No: 3131 Creditor # : 66 Merchants Credit Guide RE: Adventist Bolingbrook 223 W. Jackson Blvd, #900 Chicago IL 60606-6908	J	2003-2009 Notice to Collector					\$ 0.00
Account No: 5634 Creditor # : 67 Merchants Credit Guide RE: Adventist Bolingbrook 223 W. Jackson Blvd, #900 Chicago IL 60606-6908	J	2003-2009 Notice to Collector					\$ 0.00
Account No: 7147 Creditor # : 68 Merchants Credit Guide RE: Adventist Hinsdale Hosp 223 W. Jackson Blvd, #900 Chicago IL 60606-6908	J	2003-2009 Notice to Collector					\$ 0.00
Account No: 9010 Creditor # : 69 Metro Center for Health Attn: Patient Accts 500 E. Ogden Ave #C Hinsdale IL 60521-2469	J	2003-2009 Medical Bills					\$ 24.00
Account No: 6351 Creditor # : 70 Midstate Collection Solutions RE: Southern Illinois Foot PO BOX 3292 Champaign IL 61826-3292	J	2003-2009 Collection on Medical Bills					\$ 30.00

Sheet No. 11 of 16 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ 201.00

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Gavin Slaughter and Sherri Slaughter,

Case No. _____

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.		Contingent	Unliquidated	Disputed	Amount of Claim
		H--Husband W--Wife J--Joint C--Community					
Account No: 1575 Creditor # : 71 Midwest Digestive Disease Spec Attn: Patient Accts 360 W Butterfield Rd, #280 Elmhurst IL 60126-5098	J	2003-2009 Medical Bills					\$ 68.00
Account No: 1309 Creditor # : 72 Midwest Ear, Nose & Throat Attn: Patient Accts 25 N Winfield Rd, #519 Winfield IL 60190-1222	J	2003-2009 Medical Bills					\$ 35.00
Account No: 4024 Creditor # : 73 Naperville Radiologists S.C. Attn: Patient Accts PO BOX 70 Hinsdale IL 60522	J	2003-2009 Medical Bills					\$ 5.00
Account No: 0524 Creditor # : 74 NBGL Carsons Attn: Bankruptcy Dept 140 W. Industrial Dr Elmhurst IL 60126	J	2003-2009 Notice					\$ 0.00
Account No: 5352 Creditor # : 75 NCO Fin/27 RE: Bank of America PO BOX 7216 Philadelphia PA 19101	J	2003-2009 Collection					\$ 436.00
Account No: 0602 Creditor # : 76 Newsome Physical Therapy Attn: Patient Accts 920 Essington Rd Joliet IL 60435	J	2003-2009 Medical Bills					\$ 48.00

Sheet No. 12 of 16 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ 592.00

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Gavin Slaughter and Sherri Slaughter,
Debtor(s)

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 2883 Creditor # : 77 NICOR Gas Attn: Bankruptcy Dept 1844 W. Ferry Road Naperville IL 60563-9662	J	2003-2009 Utility Bills				\$ 609.00
Account No: 1127 Creditor # : 78 NICOR Gas Attn: Bankruptcy Dept 1844 W. Ferry Road Naperville IL 60563-9662	J	2003-2009 Utility Bills				\$ 539.00
Account No: 2094 Creditor # : 79 North American Credit Services RE: Adventist Hinsdale Hosp 2810 Walker Road, #100 Chattanooga TN 37421	J	2003-2009 Notice to Collector				\$ 0.00
Account No: 9114 Creditor # : 80 Northstar Credit Union Attn: Collection Dept 3 S 555 Winfield Rd Warrenville IL 60555	J	2003-2009 Overdraft Account				\$ 411.00
Account No: 5292 Creditor # : 81 Ofelia B. Ayuste MD Attn: Patient Accts 5207 Main St Downers Grove IL 60515	J	2003-2009 Medical Bills				\$ 15.00
Account No: 9903 Creditor # : 82 PayDay Loan Store of Il, Inc. Attn: Bankruptcy Dept 346 Bolingbrook Commons Bolingbrook IL 60440	J	2003-2009 Loan				\$ 850.00

Sheet No. 13 of 16 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ 2,424.00

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Gavin Slaughter and Sherri Slaughter,

Case No. _____

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.		Contingent	Unliquidated	Disputed	Amount of Claim
		H--Husband W--Wife J--Joint C--Community					
Account No:	J	2003-2009					\$ 389.00
Creditor # : 83 PLS Loan Stores Attn: Bankruptcy Dept PO BOX 7519 Chicago IL 60680-7519		Loan					
Account No:	J	2003-2009					\$ 1,153.00
Creditor # : 84 PLS Loan Stores Attn: Bankruptcy Dept 1201 N. Lake St Aurora IL 60506		Loan					
Account No: 2776	J	2003-2009					\$ 0.00
Creditor # : 85 RGS Collections Inc. RE: Cash Store PO BOX 2149 Addison TX 75001-2149		Notice to Collector					
Account No: 0530	J	2003-2009					\$ 0.00
Creditor # : 86 RJM Acquisitions LLC RE: Black Expressions 575 Underhill Blvd #224 Syosset NY 11791		Notice to Collector					
Account No: 0815	J	2003-2009					\$ 100.00
Creditor # : 87 Sprint Attn: Bankruptcy Dept PO BOX 7993 Overland Park KS 66207-0993		Telephone					
Account No: 5590	J	2003-2009					\$ 0.00
Creditor # : 88 State Collection Service RE: Emergency Healthcare Phy 2509 Stoughton Rd Madison WI 53716-0000		Notice to Collector					

Sheet No. 14 of 16 continuation sheets attached to Schedule of

Creditors Holding Unsecured Nonpriority Claims

Subtotal \$

\$ 1,642.00

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Gavin Slaughter and Sherri Slaughter,

Case No. _____

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.		Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 6899 Creditor # : 89 State Collection Service RE: Emergency Healthcare Phys 2509 S Stoughton Rd Madison WI 53716-0000	J	2003-2009 Notice to Collector					\$ 0.00
Account No: 6913 Creditor # : 90 State Collection Service RE: Emergency Healthcare Phys 2509 S Stoughton Rd Madison WI 53716-0000	J	2003-2009 Notice to Collector					\$ 0.00
Account No: 9991 Creditor # : 91 State Collection Service RE: Emergency Healthcare Phys 2509 Stoughton Rd Madison WI 53716-0000	J	2003-2009 Notice to Collector					\$ 0.00
Account No: 3020 Creditor # : 92 Student Loan Corp Attn: Bankruptcy Dept PO BOX 6615 The Lakes NV 88901-6615	J	2003-2009 Student Loan					\$ 22,000.00
Account No: 3178 Creditor # : 93 Suburban Radiologists, S.C. Attn: Patient Accts 1446 Momentum Place Chicago IL 60689-5314	J	2003-2009 Medical Bills					\$ 9.00
Account No: 8690 Creditor # : 94 The Cash Store Attn: Bankruptcy Dept 1701 N. Larkin Ave #901 Crest Hill IL 60403	J	2003-2009 Loan					\$ 1,466.00

Sheet No. 15 of 16 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ 23,475.00

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Gavin Slaughter and Sherri Slaughter,
Debtor(s)

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.		Contingent	Unliquidated	Disputed	Amount of Claim
		H--Husband W--Wife J--Joint C--Community					
Account No: 9128 Creditor # : 95 Transworld Systems Inc. RE: M&M Orthopaedics PO BOX 1864 Santa Rosa CA 95402	J	2003-2009 Collection on Medical Bills					\$ 15.00
Account No: 9741 Creditor # : 96 U.S. Bank Attn Bankruptcy Dept PO Box 1800 Saint Paul MN 55101-0800	H	2009 Overdraft Account					\$ 500.00
Account No: 0214 Creditor # : 97 U.S. Bank Attn Bankruptcy Dept PO Box 5227 ML CN- OH W15 Cincinnati OH 45202-5227	H	2009 Overdraft Account					\$ 51.00
Account No: 7685 Creditor # : 98 US Dept of Education Attn: Bankruptcy Dept 501 Bleecker St Utica NY 13501	W	2003-2009 Notice to Other Location					\$ 0.00
Account No: 8515 Creditor # : 99 WFNNB/Woman Within Attn: Bankruptcy Dept PO BOX 182125 Columbus OH 43218-2125	J	2003-2009 Credit Account					\$ 105.00
Account No: 4368 Creditor # : 100 WFNNB/Lane Bryant Attn: Bankruptcy Dept PO BOX 182125 Columbus OH 43218-2125	J	2003-2009 Credit Card Purchases					\$ 82.00

Sheet No. 16 of 16 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ 753.00

Total \$ 81,336.00

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

In re Gavin Slaughter and Sherri Slaughter / Debtor Case No. _____
(if known)

SCHEDULE G-EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State the nature of debtor's interests in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if the debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract.	Description of Contract or Lease and Nature of Debtor's Interest. State whether Lease is for Nonresidential Real Property. State Contract Number of any Government Contract.

In re Gavin Slaughter and Sherri Slaughter / Debtor Case No. _____
(if known)

SCHEDULE H-CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceeding the commencement of the case, identify the name of the debtors spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if the debtor has no codebtors.

Name and Address of Codebtor	Name and Address of Creditor

In re Gavin Slaughter and Sherri Slaughter, Case No. _____
 Debtor(s) (if known)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status: Married	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S): son nephew	AGE(S): yr yr
EMPLOYMENT:	DEBTOR	SPOUSE
Occupation	Unemployed	Admission Advisor
Name of Employer		CEC Employer Group LLC
How Long Employed		
Address of Employer		2655 Warrenville Rd Downers Grove IL 60515
INCOME: (Estimate of average or projected monthly income at time case filed)		
	DEBTOR	SPOUSE
1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)	\$ 0.00	\$ 3,531.67
2. Estimate monthly overtime	\$ 0.00	\$ 0.00
3. SUBTOTAL	\$ 0.00	\$ 3,531.67
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and social security	\$ 0.00	\$ 565.50
b. Insurance	\$ 0.00	\$ 307.67
c. Union dues	\$ 0.00	\$ 0.00
d. Other (Specify):	\$ 0.00	\$ 0.00
5. SUBTOTAL OF PAYROLL DEDUCTIONS	\$ 0.00	\$ 873.17
6. TOTAL NET MONTHLY TAKE HOME PAY	\$ 0.00	\$ 2,658.50
7. Regular income from operation of business or profession or farm (attach detailed statement)	\$ 0.00	\$ 0.00
8. Income from real property	\$ 0.00	\$ 0.00
9. Interest and dividends	\$ 0.00	\$ 0.00
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above.	\$ 0.00	\$ 0.00
11. Social security or government assistance (Specify):	\$ 0.00	\$ 0.00
12. Pension or retirement income	\$ 0.00	\$ 0.00
13. Other monthly income (Specify):	\$ 0.00	\$ 0.00
14. SUBTOTAL OF LINES 7 THROUGH 13	\$ 0.00	\$ 0.00
15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)	\$ 0.00	\$ 2,658.50
16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)	\$ 2,658.50	
(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)		
17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:		

In re Gavin Slaughter and Sherri Slaughter,
Debtor(s)

Case No. _____
(if known)

SCHEDULE J-CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22 A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$	1,040.00
a. Are real estate taxes included? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
b. Is property insurance included? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
2. Utilities: a. Electricity and heating fuel	\$	100.00
b. Water and sewer	\$	0.00
c. Telephone	\$	0.00
d. Other <u>Cell phone</u>	\$	60.00
Other	\$	0.00
3. Home maintenance (repairs and upkeep)	\$	0.00
4. Food	\$	600.00
5. Clothing	\$	60.00
6. Laundry and dry cleaning	\$	20.00
7. Medical and dental expenses	\$	100.00
8. Transportation (not including car payments)	\$	160.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	85.00
10. Charitable contributions	\$	0.00
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renter's	\$	0.00
b. Life	\$	0.00
c. Health	\$	0.00
d. Auto	\$	100.00
e. Other	\$	0.00
Other	\$	0.00
12. Taxes (not deducted from wages or included in home mortgage) (Specify)	\$	0.00
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)		
a. Auto	\$	492.00
b. Other: <u>Auto repair, license, sticker</u>	\$	60.00
c. Other:	\$	0.00
14. Alimony, maintenance, and support paid to others	\$	0.00
15. Payments for support of additional dependents not living at your home	\$	0.00
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	0.00
17. Other: <u>Personal care items & grooming</u>	\$	40.00
Other: <u>Newspapers, subscription misc</u>	\$	45.00
		0.00
18. AVERAGE MONTHLY EXPENSES Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$	2,962.00
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:		
20. STATEMENT OF MONTHLY NET INCOME		
a. Average monthly income from Line 16 of Schedule I	\$	2,658.50
b. Average monthly expenses from Line 18 above	\$	2,962.00
c. Monthly net income (a. minus b.)	\$	(303.50)

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re *Gavin Slaughter and Sherri Slaughter*

Case No.
Chapter 7

_____/ Debtor

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	Attached (Yes/No)	No. of Sheets	ASSETS	LIABILITIES	OTHER
A-Real Property	Yes	1	\$ 0.00		
B-Personal Property	Yes	3	\$ 14,001.00		
C-Property Claimed as Exempt	Yes	1			
D-Creditors Holding Secured Claims	Yes	1		\$ 2,200.00	
E-Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		\$ 14,000.00	
F-Creditors Holding Unsecured Nonpriority Claims	Yes	17		\$ 81,336.00	
G-Executory Contracts and Unexpired Leases	Yes	1			
H-Codebtors	Yes	1			
I-Current Income of Individual Debtor(s)	Yes	1			\$ 2,658.50
J-Current Expenditures of Individual Debtor(s)	Yes	1			\$ 2,962.00
TOTAL		29	\$ 14,001.00	\$ 97,536.00	

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

In re *Gavin Slaughter and Sherri Slaughter*

Case No.
Chapter 7

_____/ Debtor

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11, or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 14,000.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 44,713.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
TOTAL	\$ 58,713.00

State the following:

Average Income (from Schedule I, Line 16)	\$ 2,658.50
Average Expenses (from Schedule J, Line 18)	\$ 2,962.00
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	\$ 3,964.00

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	\$ 14,000.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 81,336.00
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 81,336.00

In re Gavin Slaughter and Sherri Slaughter
Debtor

Case No. _____
(if known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY AN INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 30 sheets, and that they are true and correct to the best of my knowledge, information and belief.

Date: 9/27/2009

Signature /s/ Gavin Slaughter
Gavin Slaughter

Date: 9/27/2009

Signature /s/ Sherri Slaughter
Sherri Slaughter

[If joint case, both spouses must sign.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

In re: **Gavin Slaughter**
and
Sherri Slaughter
fka Sherri Rencher

Case No.

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Questions 1-18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19-25. If the answer to an applicable question is "None," mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within the six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor may also be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporation debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. §101.

1. Income from employment or operation of business

None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

Year to date: \$7,940.28
Last Year: \$8,950.00
Year before: \$6,802.00

2009 Wages from employment **2009 Husband**
2008 Same
2007 Same

Year to date: \$27,000.00 appr
Last Year: \$28,133.00
Year before: \$26,087.00

2009 Wages from employment **Wife**
2008 Same
2007 Same

2. Income other than from employment or operation of business

None ☒ State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

3. Payments to creditors

None



Complete a. or b., as appropriate, and c.

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor, made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None



b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None



c. All debtors: List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

4. Suits and administrative proceedings, executions, garnishments and attachments

None



a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
Edward Hospital vs. Sherri Rencher 07SR2430	Collection	DuPage County Circuit Court	Judgment & garnishment issued

None



b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
Name: Edward Hospital Address: C/O Grabowski Law Center 1400 E. Lake Cook Rd #110 Buffalo Grove IL. 60089	2009	Description: Funds deducted from joint debtor wages Value: \$1,000.00 appr

5. Repossessions, foreclosures and returns

None



List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

6. Assignments and receiverships

None ☒ a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

7. Gifts

None ☒ List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

8. Losses

None ☒ List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
<i>Payee: Richard S. Bass</i> <i>Address:</i> <i>2021 Midwest Road</i> <i>Oak Brook, IL 60521</i>	<i>Date of Payment:</i> <i>Payor: Gavin Slaughter</i>	<i>\$900.00</i>

10. Other transfers

None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

11. Closed financial accounts

None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married

debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

12. Safe deposit boxes

None



List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

13. Setoffs

None



List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

14. Property held for another person

None



List all property owned by another person that the debtor holds or controls.

15. Prior address of debtor

None



If the debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

16. Spouses and Former Spouses

None



If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

17. Environmental Information

None



For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to disposal sites.

"Hazardous Material" means anything defined as hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law:

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

None



b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law, with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

18. Nature, location and name of business

None ☒ a. If the debtor is an individual, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

None ☒ a. List all bookkeepers and accountants who within two years immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

None ☒ b. List all firms or individuals who within two years immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

None ☒ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

None ☒ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within two years immediately preceding the commencement of this case.

20. Inventories

None ☒ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

None ☒ b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

21. Current Partners, Officers, Directors and Shareholders

None ☒ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

None ☒ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

22. Former partners, officers, directors and shareholders

None ☒ a. If the debtor is a partnership, list each member who withdrew from the partnership within one year immediately preceding the commencement of this case.

None ☒ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within one year immediately preceding the commencement of this case.

23. Withdrawals from a partnership or distribution by a corporation

None ☒ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during one year immediately preceding the commencement of this case.

24. Tax Consolidation Group.

None ☒ If the debtor is a corporation, list the name and federal taxpayer-identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within six years immediately preceding the commencement of the case.

25. Pension Funds.

None ☒ If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within six years immediately preceding the commencement of the case.

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 09/27/2009

Signature /s/ Gavin Slaughter
of Debtor

Date 09/27/2009

Signature /s/ Sherri Slaughter
of Joint Debtor
(if any)

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re *Gavin Slaughter and Sherri Slaughter*Case No.
Chapter 7

_____/ Debtor

CHAPTER 7 STATEMENT OF INTENTION - HUSBAND'S DEBTS

Part A - Debts Secured by property of the estate. (Part A must be completed for EACH debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No.		
Creditor's Name : <i>None</i>	Describe Property Securing Debt :	
<p>Property will be (check one) :</p> <p><input type="checkbox"/> Surrendered <input type="checkbox"/> Retained</p> <p>If retaining the property, I intend to (check at least one) :</p> <p><input type="checkbox"/> Redeem the property</p> <p><input type="checkbox"/> Reaffirm the debt</p> <p><input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C § 522 (f)).</p> <p>Property is (check one) :</p> <p><input type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt</p>		

Part B - Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No.		
Lessor's Name: <i>None</i>	Describe Leased Property:	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No

Signature of Debtor(s)

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date: 09/27/2009Debtor: /s/ Gavin Slaughter

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

In re *Gavin Slaughter and Sherri Slaughter*

Case No.

Chapter 7

_____/ Debtor

CHAPTER 7 STATEMENT OF INTENTION - WIFE'S DEBTS

Part A - Debts Secured by property of the estate. (Part A must be completed for EACH debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No.		
Creditor's Name : <i>None</i>	Describe Property Securing Debt :	
<p>Property will be (check one) :</p> <p><input type="checkbox"/> Surrendered <input type="checkbox"/> Retained</p> <p>If retaining the property, I intend to (check at least one) :</p> <p><input type="checkbox"/> Redeem the property</p> <p><input type="checkbox"/> Reaffirm the debt</p> <p><input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C § 522 (f)).</p> <p>Property is (check one) :</p> <p><input type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt</p>		

Part B - Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No.		
Lessor's Name: <i>None</i>	Describe Leased Property:	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No

Signature of Debtor(s)

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date: 09/27/2009Debtor: /s/ Sherri Slaughter

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re *Gavin Slaughter and Sherri Slaughter*

Case No.
Chapter 7

_____/ Debtor

CHAPTER 7 STATEMENT OF INTENTION - JOINT DEBTS

Part A - Debts Secured by property of the estate. (Part A must be completed for EACH debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. <u>1</u>		
Creditor's Name : <i>GMAC</i>	Describe Property Securing Debt : <i>2003 Chevrolet Malibu</i>	
Property will be (check one) : <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained		
If retaining the property, I intend to (check at least one) : <input type="checkbox"/> Redeem the property <input checked="" type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C § 522 (f)).		
Property is (check one) : <input checked="" type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt		

Part B - Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No.		
Lessor's Name: <i>None</i>	Describe Leased Property:	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No

Signature of Debtor(s)

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date: 09/27/2009

Debtor: /s/ Gavin Slaughter

Date: 09/27/2009

Joint Debtor: /s/ Sherri Slaughter

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re *Gavin Slaughter*
and
Sherri Slaughter
fka Sherri Rencher

Case No.
Chapter 7

_____/ Debtor
Attorney for Debtor: *Richard S. Bass*

STATEMENT PURSUANT TO RULE 2016(B)

The undersigned, pursuant to Rule 2016(b), Bankruptcy Rules, states that:

1. The undersigned is the attorney for the debtor(s) in this case.
2. The compensation paid or agreed to be paid by the debtor(s), to the undersigned is:
 - a) For legal services rendered or to be rendered in contemplation of and in connection with this case \$ 900.00
 - b) Prior to the filing of this statement, debtor(s) have paid \$ 900.00
 - c) The unpaid balance due and payable is \$ 0.00
3. \$ 299.00 of the filing fee in this case has been paid.
4. The Services rendered or to be rendered include the following:
 - a) Analysis of the financial situation, and rendering advice and assistance to the debtor(s) in determining whether to file a petition under title 11 of the United States Code.
 - b) Preparation and filing of the petition, schedules, statement of financial affairs and other documents required by the court.
 - c) Representation of the debtor(s) at the meeting of creditors.
5. The source of payments made by the debtor(s) to the undersigned was from earnings, wages and compensation for services performed, and
None other
6. The source of payments to be made by the debtor(s) to the undersigned for the unpaid balance remaining, if any, will be from earnings, wages and compensation for services performed, and
None other
7. The undersigned has received no transfer, assignment or pledge of property from debtor(s) except the following for the value stated:
None
8. The undersigned has not shared or agreed to share with any other entity, other than with members of undersigned's law firm, any compensation paid or to be paid except as follows:
None

Dated: *09/27/2009*

Respectfully submitted,

X /s/ *Richard S. Bass*

Attorney for Petitioner: *Richard S. Bass*
Law Office of Richard S. Bass, LTD.
2021 Midwest Road
Oak Brook IL 60521

630-953-8655

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re *Gavin Slaughter*
and
Sherri Slaughter
fka Sherri Rencher

Case No.
Chapter 7

_____/ Debtor

Attorney for Debtor: *Richard S. Bass*

VERIFICATION OF CREDITOR MATRIX

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

Date: 09/27/2009

/s/ Gavin Slaughter

Debtor

/s/ Sherri Slaughter

Joint Debtor

Advanced Renal Care, LTD
Attn: Patient Accts
PO BOX 967
Tinley Park, IL 60477-0967

Adventist Bolingbrook Hospital
Attn: Patient Accts
PO BOX 7000
Bolingbrook, IL 60440-7000

Adventist Bolingbrook Hospital
Attn: Patient Accts
PO BOX 9287
Oak Brook, IL 60522-9287

Adventist Hinsdale Hospital
Attn: Patient Accts
PO BOX 9247
Oak Brook, IL 60522-9247

Advocate Good Samaritan Hosp
Attn: Patient Accounts
3815 Highland Ave
Downers Grove, IL 60515

AFNI, Inc.
RE: Verizon North
PO BOX 3427
Bloomington, IL 61702-3427

All Credit Lenders
Attn: Bankruptcy Dept
1924 Plainfield Rd
Crest Hill, IL 60435

Allied Interstate
RE: Black Expressions
PO Box 361445
Columbus, OH 43236-0000

American Collections
RE: TCF National Bank of IL
919 W. Estes Ave
Schaumburg, IL 60193

Beneficial Customer Service
Attn: Bankruptcy Dept
PO BOX 1547
Chesapeake, VA 23320-8917

Beneficial Customer Service
Attn: Bankruptcy Dept
PO BOX 3425
Buffalo, NY 14240-9733

Capital One
Attn: Bankruptcy Dept
P.O. BOX 5155
Norcross, GA 30091

CBE Group, Inc.
RE: ComEd

131 Tower Park Dr, #100
Waterloo, IA 50701

Chase Bank
Attn: Bankruptcy Dept
340 S. Cleveland Ave Bldg 370
Westerville, OH 43081

CitiBank NA Student Loan
Attn: Bankruptcy Dept
701 E. 60th St. N
Sioux Falls, SD 57104

CitiBank NA Student Loan
Attn: Bankruptcy Dept
PO BOX 22876
Rochester, NY 14692

CMK Investments
RE: All Credit Lenders
PO BOX 250
Gilberts, IL 60136-0250

Collection Professionals Inc
RE: Prof Center Dental
723 First Street
La Salle, IL 61301-2535

Commonwealth Edison
Attn: Bankruptcy Dept
2100 Swift Drive
Oak Brook, IL 60523-9644

Corporate Receivables Inc.
RE: HSBC Bank
PO BOX 32995
Phoenix, AZ 85064-2995

Credit Management
RE: Comcast
4200 International Pkwy
Carrollton, TX 75007

Credit Protection Assoc
RE: COMCAST
13355 Noel Rd, Suite 2100
Dallas, TX 75240

Dependon Collection
RE: Suburban Radiologists
PO BOX 4833
Oak Brook, IL 60522

Digestive Health Consultants
Attn: Collection
PO Box 433
Lemont, IL 60439

Direct Loan SVC System
Attn: Bankruptcy Dept
PO BOX 5609
Greenville, TX 75403-5609

Discover Card
Attn: Bankruptcy Dept
PO BOX 30943
Salt Lake City, UT 84130

Downers Grove Fire Dept
Attn: Bankruptcy Dept
PO BOX 457
Wheeling, IL 60090

DuPage Neonatology Assc
Attn: Collection
PO Box 487
Hinsdale, IL 60522-0487

DuPage Pathology Associates, SC
Attn: Patient Accts
520 E. 22nd Street
Lombard, IL 60148

Edward Health Ventures
Attn Patient Accts
3471 Eagle Way
Chicago, IL 60678-0000

Edward Hospital
Attn: Patients Accts
PO Box 4207
Carol Stream , IL 60197-4207

Emergency Healthcare Physician
Attn: Patient Accts
PO BOX 366
Hinsdale, IL 60522

Ffcc-Columbus, Inc.
RE: Rehabilitation Ctrs
PO BOX 20790
Columbus, OH 43220

First National Bank
Attn: Bankruptcy Dept
3256 Ridge Road
Lansing, IL 60438

Gary A. Rodgers DDS
Attn: PATient Accts
433 N. Bolingbrook Dr
Bolingbrook, IL 60440-1954

GE Money Bank
Attn: Bankruptcy Dept
PO BOX 103106
Roswell, GA 30076

GE Money Bank/Dillards
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Attn: Bankruptcy Dept
PO BOX 103106
Roswell, GA 30076

GMAC
Attn: Bankruptcy Dept
PO BOX 9001952
Louisville, KY 40290-1952

Grabowski Law Center
Attn: Bankruptcy Dept
1400 E. Lake Cook Rd #110
Buffalo Grove, IL 60089

Harris & Harris LTD
RE: Center for Surgery
600 West Jackson Blvd. #400
Chicago, IL 60661

Helzberg Diamonds
Attn: Bankruptcy Dept
1248-50 W 75th
Downers Grove, IL 60516

HSBC Retail Services
Attn: Bankruptcy Dept
PO BOX 5253
Carol Stream, IL 60197-5253

HSBC/Harlem
Attn: Bankruptcy Dept
PO BOX 15524
Wilmington, DE 19850

Illinois Collection Service
RE: Advocate Good Samaritan H
PO BOX 1010
Tinley Park, IL 60477-9110

Ill Dept Healthcare-Family Svc
Attn: Bankruptcy Dept
509 S 6th St
Springfield, IL 62701

Illinois Dept Child Support
Attn: Collection-Bankrupt Dept
509 S. Sixth St
Springfield, IL 62701-1825

KCA Financial
RE: Emergency Healthcare Phys
628 North St
Geneva, IL 60134

Lampheres
Attn: Bankruptcy Dept
15 S. Lake Street
Aurora, IL 60506

Attn: Patient Accts
3556 Lakeshore Rd #214
Woodridge, IL 60517-3121

Malcolm S. Gerald & Assoc, Inc
RE: Adventist Bolingbrook Hos
332 S. Michigan Ave #600
Chicago, IL 60604

Management Services Inc.
RE: Beneficial
PO BOX 1099
Langhorne, PA 19047

Maternal Fetal Medicine
Attn: Patient Accts
PO BOX 7003
Bolingbrook, IL 60440

Medical Business Bureau
RE: DuPage Emergency Phys
140 Renaissance Dr
Park Ridge, IL 60068

Medicredit Corp
RE: West Regional MRI
1801 California Ave
Corona, CA 92881

Merchants Credit Guide
RE: Adventist Hinsdale Hosp
223 W. Jackson Blvd, #900
Chicago, IL 60606-6908

Merchants Credit Guide
RE: Adventist Bolingbrook
223 W. Jackson Blvd, #900
Chicago, IL 60606-6908

Metro Center for Health
Attn: Patient Accts
500 E. Ogden Ave #C
Hinsdale, IL 60521-2469

Midstate Collection Solutions
RE: Southern Illinois Foot
PO BOX 3292
Champaign, IL 61826-3292

Midwest Digestive Disease Spec
Attn: Patient Accts
360 W Butterfield Rd, #280
Elmhurst, IL 60126-5098

Midwest Ear, Nose & Throat
Attn: Patient Accts
25 N Winfield Rd, #519
Winfield, IL 60190-1222

Attn: Patient Accts
PO BOX 70
Hinsdale, IL 60522

NBGL Carsons
Attn: Bankruptcy Dept
140 W. Industrial Dr
Elmhurst, IL 60126

NCO Fin/27
RE: Bank of America
PO BOX 7216
Philadelphia, PA 19101

Newsome Physical Therapy
Attn: Patient Accts
920 Essington Rd
Joliet, IL 60435

NICOR Gas
Attn: Bankruptcy Dept
1844 W. Ferry Road
Naperville, IL 60563-9662

North American Credit Services
RE: Adventist Hinsdale Hosp
2810 Walker Road, #100
Chattanooga, TN 37421

Northstar Credit Union
Attn: Collection Dept
3 S 555 Winfield Rd
Warrenville, IL 60555

Ofelia B. Ayuste MD
Attn: Patient Accts
5207 Main St
Downers Grove, IL 60515

PayDay Loan Store of Il, Inc.
Attn: Bankruptcy Dept
346 Bolingbrook Commons
Bolingbrook, IL 60440

PLS Loan Stores
Attn: Bankruptcy Dept
PO BOX 7519
Chicago, IL 60680-7519

PLS Loan Stores
Attn: Bankruptcy Dept
1201 N. Lake St
Aurora, IL 60506

RGS Collections Inc.
RE: Cash Store
PO BOX 2149
Addison, TX 75001-2149

RJM Acquisitions LLC
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RE: Black Expressions
575 Underhill Blvd #224
Syosset, NY 11791

Sprint
Attn: Bankruptcy Dept
PO BOX 7993
Overland Park, KS 66207-0993

State Collection Service
RE: Emergency Healthcare Phy
2509 Stoughton Rd
Madison, WI 53716-0000

State Collection Service
RE: Emergency Healthcare Phys
2509 Stoughton Rd
Madison, WI 53716-0000

State Collection Service
RE: Emergency Healthcare Phys
2509 S Stoughton Rd
Madison, WI 53716-0000

Student Loan Corp
Attn: Bankruptcy Dept
PO BOX 6615
The Lakes, NV 88901-6615

Suburban Radiologists, S.C.
Attn: Patient Accts
1446 Momentum Place
Chicago, IL 60689-5314

The Cash Store
Attn: Bankruptcy Dept
1701 N. Larkin Ave #901
Crest Hill, IL 60403

Transworld Systems Inc.
RE: M&M Orthopaedics
PO BOX 1864
Santa Rosa, CA 95402

U.S. Bank
Attn Bankruptcy Dept
PO Box 1800
Saint Paul, MN 55101-0800

U.S. Bank
Attn Bankruptcy Dept
PO Box 5227 ML CN- OH W15
Cincinnati, OH 45202-5227

US Dept of Education
Attn: Bankruptcy Dept
501 Bleecker St
Utica, NY 13501

WFNNB/Homan Within
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Attn: Bankruptcy Dept
PO BOX 182125
Columbus, OH 43218-2125

WFNNB/Lane Bryant
Attn: Bankruptcy Dept
PO BOX 182125
Columbus, OH 43218-2125